

WHAT IS DIRECT PRIMARY CARE

Membership-Based Healthcare with Standard and Select DPC Plans

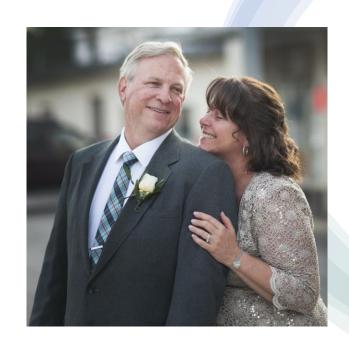
- Unlimited Access to Strada Healthcare provider
 - In office visits
 - Calls, texts, video chat
- Same to next day appointments
- No copays or deductibles for Strada services





WHO IS DIRECT PRIMARY CARE FOR









COVERED SERVICES

- Annual physicals and annual lab work
- Preventive appointments and follow-ups
- Repair of simple cuts and abrasions
- Treatment of sprains
- Women's health (excluding labs and mammograms)
- Well checks for children and infants (excluding immunizations)
- Chronic disease management
- Weight management and health risk assessment
- Work, school, and sport physicals
- Basic mental health
- Stress management







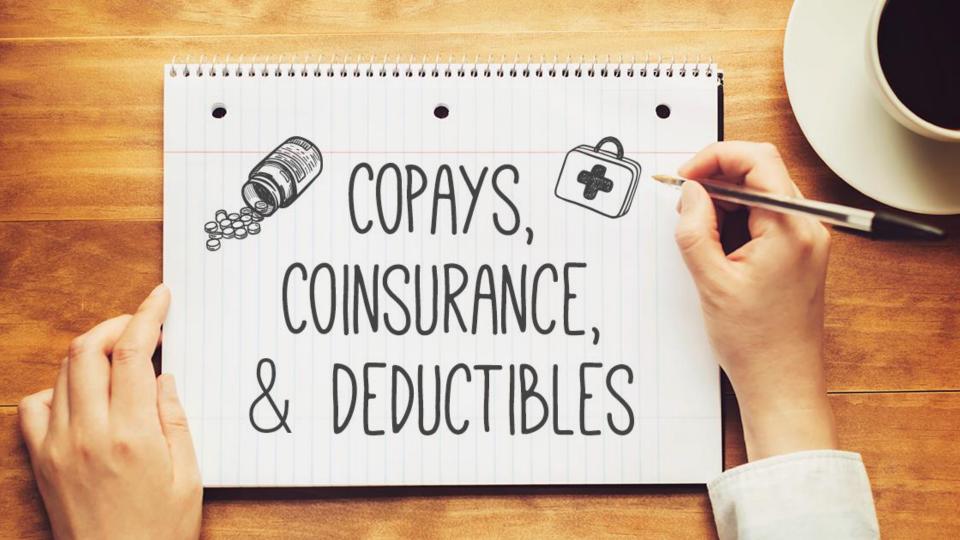


SECURE COMMUNICATION

You can text your Strada provider whenever you have questions or common conditions, such as:

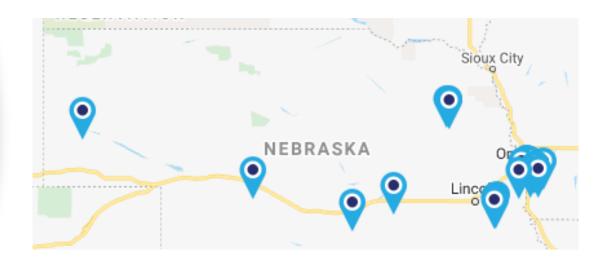
- Sinus Infection
- Cold
- Flu
- Fever
- Rash
- Abdominal Pain
- Pinkeye
- Ear Infection
- Migraine
- Sore Throat





CLINIC LOCATIONS ACROSS NEBRASKA

- Omaha Metro
- Lincoln
- Norfolk
- Grand Island
- Kearney
- North Platte
- Scottsbluff





		Select High Deductible Health Plan FULL-TIME PART-TIME		Standard High Deductible Health Plan FULL-TIME PART-TIME	
Employee Only	Your Cost:	\$67.90	\$111.22	\$58.66	\$96.10
(Single Coverage)	State Cost:	\$255.42	\$212.10	\$220.70	\$183.26
You (Membership Fees and P	Total: ir TOTAL Cost: lan Premiums)	\$323.32 \$86.58	\$323.32 \$141.84	\$279.36 \$77.34	\$279.36 \$126.72
Employee + Spouse (Two-Party Coverage)	Your Cost: State Cost: Total: ur TOTAL Cost:	\$192.56 \$724.42 \$916.98 \$229.94	\$315.44 \$601.54 \$916.98 \$376.66	\$168.10 \$632.38 \$800.48 \$205.48	\$275.36 \$525.12 \$800.48 \$336.58
Employee +	Your Cost: State Cost: Total: ur TOTAL Cost:	\$146.28	\$239.62	\$127.34	\$208.62
Dependent Children		\$550.30	\$456.96	\$479.10	\$397.82
(Four-Party		\$696.58	\$696.58	\$606.44	\$606.44
Coverage)		\$177.78	\$291.22	\$158.84	\$260.22
Employee + Spouse	Your Cost: State Cost: Total: ur TOTAL Cost: Plan Premiums)	\$244.74	\$400.90	\$211.96	\$347.20
+ Dependent		\$920.68	\$764.52	\$797.38	\$662.14
Children		\$1,165.42	\$1,165.42	\$1,009.34	\$1,009.34
(Family Coverage)		\$307.52	\$503.76	\$274.74	\$450.06

The TOTAL monthly cost for a Direct Primary Care Plan is in **red** and includes the insurance premium and membership.

Plan Year Deductible (must be satisfied before coinsurance is paid)

Annual Medical Out-of-Pocket Maximum (deductible, coinsurance, & medical co-pays)

Annual Pharmacy Out-of-Pocket Maximum

	rimary Care ect Plan	Direct Primary Care Standard Plan		
In-Network	Out-of-Network	In-Network	Out-of-Network	
\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	
\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$7,000 individual \$14,000 family	\$14,000 individual \$28,000 family	
	in the medical cket maximum	Included in the medical out-of-pocket maximum		

HELPFUL RESOURCES

- Learn more about Strada Healthcare by visiting our website at www.stradahealthcare.com/nebraska
- Contact Strada Healthcare
 - info@stradahealthcare.com
 - 402.401.4404

